

## **GROUP HEALTH CHECKLIST**

### **LIMITED HEALTH SERVICE BENEFIT PLAN**

- ( ) **Review with Basic Insurance Policy Checklist**
- ( ) **Review with Checklist for Grievance & Appeals of Limited Health Service Benefit Plan**

#### **Mandatory Provisions/Benefits**

The following provisions must appear. If they do not, check the statute to be sure it applies to the type of policy being reviewed.

- ( ) KRS 304.18-030(1)      Representations - not warranties
- ( ) KRS 304.18-030(2)      Summary of Benefits provided
- ( ) KRS 304.18-030(3)      Additional new enrollees allowed
- ( ) KRS 304.17C-030      Disclosure of covered services, restrictions or limitations, financial responsibility of covered person, prior authorization requirements with respect to covered services, where and how services may be obtained, changes in covered services, covered persons right to appeal and procedures for appeal and measures to ensure confidentiality of the relationship between an enrollee and a health care provider

#### **Optional Provisions**

- ( ) KRS 304.14-370 & KRS 304.14-380      Binding arbitration cannot be required. However, arbitration can be an option for the insured.
- ( ) KRS 304.18-050      Contract may provide for the adjustment of the premium rate based on anniversary
- ( ) KRS 304.18-040 KRS 304.18-090      Payments may be made directly to the service provider; however, it may NOT require services be rendered by a particular provider (806 KAR18:020)

#### **Prohibited Provisions**

- ( ) KRS 304.5-160      Health insurance contracts cannot cover abortion except by rider.
- ( ) KRS 304.12-013      May not limit, reduce or exclude AIDS related benefits

- ( ) KRS 304.12-250 May not exclude work related conditions unless the claimant is eligible for benefits under any workers compensation.

**Checklist for PPO plans** with insurers must also add information listed below in addition to the information provided on the group health checklist above.

- ( ) 806 KAR 18:020 Health insurers cannot offer contracts containing preferred provider arrangements where the difference between amounts payable for preferred provider and a non-preferred provider exceed twenty-five percent Provider directories and plan information must be provided upon request.